Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Thursday, 13 August 2026

Virtual Hearing

Name of Registrant:	Darren Adams
NMC PIN:	92Y1556E
Part(s) of the register:	Nurses part of the register Sub part 1 RNA, Registered Nurse – Adult (25 March 1995)
Relevant Location:	Wellingborough
Type of case:	Misconduct
Panel members:	Linda Owen (Chair, Lay member) Amanda Revill (Registrant member) Michelle Providence (Lay member)
Legal Assessor:	Ian Ashford-Thom
Hearings Coordinator:	Peaches Osibamowo
Nursing and Midwifery Council:	Represented by Hazel McGuinnes, Case Presenter
Mr Adams:	Not present and unrepresented at this hearing
Order being reviewed:	Conditions of practice order (3 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order (12 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Adams was not in attendance and that the Notice of Hearing had been sent to Mr Adams' registered email address by secure email on 15 July 2026.

Ms McGuinness, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Adams' right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all of the information available, the panel was satisfied that Mr Adams has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Adams

The panel next considered whether it should proceed in the absence of Mr Adams. The panel had regard to Rule 21 and heard the submissions of Ms McGuinness who invited the panel to continue in the absence of Mr Adams. She submitted that Mr Adams had voluntarily absented himself.

Ms McGuinness referred the panel to a communication log, dated 14 July 2026, between Mr Adams and the case officer, in which Mr Adams indicated that he will not be attending this hearing.

Ms McGuinness submitted that there was no reason to believe that an adjournment would secure Mr Adams' attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mr Adams. In reaching this decision, the panel has considered the submissions of Ms McGuinness and the advice of the legal assessor. It had particular regard to relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Adams;
- Mr Adams indicated that he will not be attending this hearing in a telephone call with the NMC on 14 July 2026;
- There is no reason to suppose that adjourning would secure his attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Adams.

Decision and reasons on review of the substantive order

The panel decided to confirm the current conditions of practice order.

This order will come into effect at the end of 9 September 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive conditions of practice order originally imposed for a period of 18 months by a Fitness to Practise Committee panel on 8 November 2024. This was reviewed on 7 May 2026 when the conditions of practice order was extended for a period of 3 months.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

‘‘That you being a registered nurse between 2017 and 2019

Whilst working at Pathdfields Lodge Home

1. On the 2nd April 2017,

(a) did not lock Resident A’s medication in a secure place in the clinic room ***Proved by admission***

(b) instead placed it in an unlocked cupboard in the nurses’ office. ***Proved by admission***

(c) Inaccurately recorded in your time management form that the medication had been stored in an appropriate way. ***Proved by admission***

2. On the 4th April 2017, did not administer Resident A’s morning medication of Alendronic acid. ***Proved by admission***

3. Further to (2) did not

(a) Communicate this to staff ***Proved by admission***

(b) Mention it at handover. ***Proved by admission***

(c) Make an entry in the 24 hour report and communication record and ***Proved by admission***

(d) Explain why the medication had been refused. ***Proved by admission***

4. …

5. …

(a) …

(b) …

6. …

(a) …

(b) …

(c) …

(d) …

7. Between the 6th and 7th April 2017,whilst managing Resident B's PRN co codamol pain relief did not record the actual time any co-codamol was given

(a) On the nursing notes. ***Proved by admission***

(b) On the 24 hour report and communication record and on ***Proved by admission***

(c) The MAR Chart. ***Proved by admission***

8. Insofar as a time was provided by you as to Resident B's co-codamol

a) on the PRN administration record of 21.15 pm on the 6th April ***Proved by admission***

b) at 07.20 am on the Daily Progress notes for the 7th April at time of feed ***Proved by admission***

c) at 06.00 am by ticking feed and "meds" on the 7th April 2017 you did not provide a clear or consistent picture as to the time of administration thereby

potentiating delay in Resident B's pain relief. ***Proved by admission***

9. On the 6th and 7th April 2017, did not fully complete entries in Resident C's notes as to her blood sugar levels

(a) At 06.00 hours and then again at 17.00 hours in the 24 hour report and communication record ***Proved by admission***

(b) As to the actual times that any blood sugar levels were monitored in the Daily Progress Notes. ***Proved by admission***

(c) …

10. …

(a) …

(b) …

11. …

12. …

(a) …

(b) …

(c) …

13. On the 13th June 2017, whilst tasked with Resident C's care and insulin treatment did not record in the nursing notes

(a) ~~Record in the notes~~ any diabetic observations ***Proved by admission***

(b) ~~Record~~ any concerns arising out of the diabetic monitoring. ***Proved by admission***

(c) ~~Record~~ Resident C's blood sugar levels. ***Proved by admission***

~~(d)~~ any insulin injection given. ***Proved by admission***

14. …

(a) …
(b) …
(c) …
(d) …
(e) …

15. …

(a) …
(b) …
(c) …
(d) …
(e) …

16. On the13th or 14th June 2017,

(a) You were aware or should have been aware that Resident H had not had her anti-convulsant medication for some 8 days or thereabouts ***Proved by admission***

(b) You were aware that Resident H was prone to refuse medication ***Proved by admission***

(c) You were aware that permission was in place to use covert medication. ***Proved by admission***

(d) …

17. …

(a) …

(b) …

(c) …

18. On or shortly after the 28th September 2017, due to performance concerns, you were placed by Padthfields Lodge Home on a Performance Management Plan ["PMP"], which plan imposed ***Proved by admission***

(a) Supervision of all administration of medication until competency was assessed (b) Periodic medication supervision assessments, in particular on the

(i) 11th Oct 2017 ***Proved by admission***

(ii) 18th Oct 2017 ***Proved by admission***

(iii) 1st Nov 2017 ***Proved by admission***

19. In the course of these assessments, failed in key elements as to your

(i) understanding of accountability for drug administration error. ***Proved by admission***

(ii) understanding of the reporting procedures for a drug error ***Proved by admission***

iii) demonstrating a thoughtful approach to drug administration and residents Proved by admission

20. In relation to 19 (iii),

(i) …

(ii) …

(iii) …

21. On the 11th October 2017, at the first assessment, took the telephone to answer a call in the middle of a medication round. ***Proved by admission***

22. On the 18th October 2017, at the second assessment, took some 2 hrs and 40 minutes to complete the morning medication round. ***Proved by admission***

23. On the 18th October 2017, at the second assessment, became disorganised and/or flustered and mixed up the colour coding of the blister packs such as to dispense an orange pack (for pm) instead of a yellow one (for lunch) ***Proved by admission***

24. On the 18th October 2017, upon Resident J refusing his medication,

a) placed the medication in its pot on the medication trolley and then forgot to take any further action. ***Proved by admission***

b) did not properly identify and/or label what the drug actually was ***Proved by admission***

(c) Did not dispose of the medication in the dedicated clinical waste bin. ***Proved by admission***

25. On the 19th October, having decided with Colleague 1 that risperidone should be withheld from Resident F on the grounds that she was already sedated.

(a) You had removed the drug from its blister pack. ***Proved by admission***

(b) You knew that (a) meant the drug had to be disposed of at the end of the round ***Proved by admission***

c) You forgot to do this and retained the tablet in your pocket. ***Proved by admission***

d) You did not dispose of the medication in the dedicated clinical waste bin. ***Proved by admission***

26. On the 28th October 2017, knowing that

(a) Pathdfields Care Home required any administration by you of medication to be under the supervision of a qualified third party ***Proved by admission***

(b) The measure at (a) was implemented in order to protect the residents until Pathdfields Lodge otherwise deemed you competent. ***Proved by admission***

(1) Nevertheless undertook an unsupervised medication round dispensing and/or administering a full medication trolley. ***Proved by admission***

(2) Did not inform Colleague 2, an agency nurse that you were confined to administer medication under supervision. ***Proved by admission***

27. …

28. …

(a) …

(b)…

29. …

30. On the 1st November 2017, at the third assessment, in relation to Resident H, a sufferer of tonic-clonic seizures and consequential lethargy

(a) Delegated to a support worker the task of administering Sodium Valproate, keppra and carbamazepine to Resident H covertly ***Proved by admission***

(b) Prior to (a) and/or any decision to administer such drugs did not assess Resident H for lethargy and/or suitability to have the drugs. ***Proved by admission***

(c) In the light of (b) and generally, your delegation of this task was inappropriate. And whilst working at Midland Care Home ;

31. On the 15th March 2018 or 16th March 2018 did not replace Resident EE's Buprenorphine seven day patch. ***Proved by admission***

32. In the approximate periods

(a) February 2018 to April 2018

(b) Leading up to August 2018

(c) Leading up to February 2019

You did not manage your time effectively and/or efficiently in that you were late in completing your morning medication rounds.

33. …

34. On the 13th, 18th and 19th August 2018 you gave Resident GG his anti convulsant medication Levetiraceram before 20.00 pm when it

was prescribed to be given at night time between 21.00 and 22.00 hours ***Proved by admission***

35. On the 13th, 18th and 19th August 2018, you signed on Resident GG's MAR record that you had administered the drug Levetiracetam at the prescribed night time between 21.00 and 22.00 hours. ***Proved by admission***

36. …

(a) …

(b) …

(c) …

(d) …

37. …

(a) …

(b) …

(c) …

(d) …

38. On the 13th August 2018, you gave Resident FF a metformin tablet when the same had been discontinued on or prior to the 7th August 2018. ***Proved by admission***

39. On the 5th September 2018, you signed on Resident AA's MAR chart that you had given him Co-Careldopa when in fact you had not.

40. …

41. …

42. …

43. On the 30th January 2019, acting as witness to the administration of controlled drugs by another to Residents BB and KK

(a) You countersigned the relevant controlled drug record for both residents before the person giving the drug had made their entry on the record.

(b) You did not check the stock after the administration of the drugs

(c) You did not notice that there were discrepancies in Resident BB's and KK's controlled drug records.

44. On or about the 22nd February 2019 left approximately a month's supply of medication unlocked on the ground floor of the home.
Proved by admission

45. On or about the 3rd March 2019

(a) did not heed advice from the emergency service, Telemed, that antibiotic treatment for Resident CC's cellulitis should be chased from out of hours providers on or about the 4th March 2019

(b) …

46. On the 15th March 2019, either

(a) …
(b) ought to have recognised that it was in low supply

and did not order medication stocks to be replenished.

47. On the 17th May 2019,

a) dispensed medication from both ground floor trolleys whilst both were open ***Proved by admission***

b) dispensed medication to Residents CC and II together without returning to sign off their MAR charts individually. ***Proved by admission***

c) Placed medication for Resident JJ in the pocket of your tabard. ***Proved by admission***

d) Administered medication to Resident HH without returning to the medication trolley to sign off the MAR chart ***Proved by admission***

*e) Distributed medication to Residents CC and II whilst holding more than one medication pot and without returning to the trolley****. Proved by admission***

f) answered the phone in the course of the medication round. ***Proved by admission***

48. On the 26th March 2019,

(a) …
(b) …

And in the light of the above, your fitness to practise is impaired by virtue of your misconduct'.

The first reviewing panel determined the following with regard to impairment:

'The panel noted that the original panel found that although Mr Adams had made admissions to a number of the charges, he had not provided any written reflections or evidence of his understanding of

how his actions put the patients at risk of harm and the potential impact on them, therefore demonstrating minimal insight.

The panel bore in mind that Mr Adams was present during the original hearing. At this hearing, the panel has no information at all to suggest that Mr Adams is currently working, complying with the conditions and demonstrating a strengthened practice.

Further, the panel noted that the original panel determined that Mr Adams was liable to repeat matters of the kind found proved. Today's panel has not received any new information that mitigates the concerns identified. For these reasons, the panel determined that a risk to the public remains and, as such, Mr Adams remains liable to repeat matters of the kind found proved.

The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel bore in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance.

The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Mr Adams' fitness to practise remains impaired.'

The first reviewing panel determined the following with regard to sanction:

'The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public

protection issues identified, an order that does not restrict Mr Adams' practice would not be appropriate in the circumstances.

The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'

The panel considered that Mr Adams' misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified.

The panel decided that it would be neither proportionate nor in the public interest to impose a caution order. The panel determined that it would be appropriate to continue with the conditions imposed by the original panel. Continuing these conditions would ensure that the risks to the public and the public interest are managed whilst permitting Mr Adams to work as a nurse should he choose to do so. It would also provide Mr Adams with an opportunity to engage with the conditions of practice order. However, for the avoidance of doubt, the panel emphasised that the onus is on Mr Adams to comply with the conditions and to provide the required evidence of strengthened practice in order to demonstrate that his fitness to practise is no longer impaired. Failure to do so may lead to a sanction other than a further conditions of practice order.

The panel determined that a further conditions of practice order in the same terms as the previous order is sufficient to protect patients and the wider public interest, noting as the original panel did on 8 November 2024 that there was no evidence of any deep seated attitudinal issues. The panel determined that, at this stage, to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of Mr Adams' case. Accordingly, the panel determined,

pursuant to Article 30(1)(a), to extend the conditions of practice order for a period of three months, which will come into effect on the expiry of the current order, namely at the end of 9 June 2026. It decided to extend the following conditions which it considered are appropriate and proportionate in this case:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must confine your nursing practice to a single employer. It must not be an agency and you must not undertake bank work.

2. You must not undertake medicines administration including controlled drugs and/or record on MAR charts and in controlled drug books without supervision by another registered nurse until you have sent your case officer evidence that you have been assessed undertaking medicine rounds for at least 8 patients/residents on three occasions. At least one of these assessments must include controlled drug checking, counting, administering and recording. These assessments must be carried out on 3 different days by an assessor who must be a registered nurse who is in a senior position to yourself, such as:

- *clinical lead*
- *clinical educator*
- *home or ward manager*
- *deputy home or ward manager*

This condition will continue until you have sent your case officer evidence that you have successfully completed these 3 assessments, at which point it will be discharged.

3. You must keep a reflective practice profile. The profile will:

- *Detail examples of occasions when you have been involved with medications management (ordering, receiving, storing, administering, recording, disposing or returning medications, including controlled drugs).*
- *Set out the circumstances of the situation, your role and that of others and your reflections on what went well and what could be improved. Note good practice when you see it and consider how you can improve your own practices. This will be a personal record for your use.*
- *Include a summary that will detail what you have learnt and how you plan to implement it in the future.*

The summary sheet only must be sent to your NMC case officer at least 7 days prior to the review hearing to demonstrate your learning and development.

5. You must work with line manager, mentor or supervisor (or their nominated deputy) to create a personal development plan (PDP). Your PDP must address the concerns regarding time management and medicines administration.

6. You must send a copy of your PDP and a report from your line manager, mentor or supervisor (or their nominated deputy) setting out the standard of your performance and your progress towards achieving the aims set out in your PDP to the NMC at least 7 days before any NMC review hearing or meeting.

7. You must keep the NMC informed about anywhere you are working by:

a. Telling your case officer within seven days of accepting or leaving any employment.

b. Giving your case officer your employer's name, postal address, email address and telephone number.

8. You must keep the NMC informed about anywhere you are studying by:

a. Telling your case officer within seven days of accepting any course of study.

b. Giving your case officer the name, postal address, email address and telephone number of the organisation offering that course of study.

9. You must immediately give a copy of these conditions to:

a. Any organisation or person you work for.

b. Any employers you apply to for work (at the time of application).

c. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

10. You must tell your NMC case officer, within seven days of your becoming aware of:

a. Any investigation started against you.

b. Any disciplinary proceedings taken against you.

11. You must allow your NMC case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

a. Any current or future employer.

b. Any educational establishment.

c. Any other person(s) involved in your retraining and/or supervision required by these conditions'.

Decision and reasons on current impairment

The panel has considered carefully whether Mr Adams' fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle of 117 pages. It has taken account of the submissions made by Ms McGuinness on behalf of the NMC.

Ms McGuinness outlined the background to this case.

Ms McGuinness submitted that the last reviewing panel stated that it did not have sight of any information that mitigated the concerns identified. It determined that Mr Adams remains liable to repeat matters of the kind found proved and a finding of continuing impairment was necessary on the grounds of public protection and also public interest.

Ms McGuinness submitted that the last reviewing panel highlighted that the onus is on Mr Adams to comply with the conditions and to provide the required evidence of strengthened practice in order to demonstrate that his fitness to practise is no longer impaired. She submitted that the previous decision stated that a failure to provide this evidence may lead to sanction other than a further conditions of practice order.

Ms McGuinness submitted that the only engagement the NMC has had with Mr Adams is documented in the communication log dated 14 July 2026. She submitted that there has been no further contact or evidence provided by Mr Adams.

Ms McGuiness submitted that the panel may be of the view that Mr Adams is still impaired as there is no evidence of strengthened practice therefore the panel may find that there is a real risk of repetition.

Ms McGuiness submitted that Mr Adams is still impaired on public protection and public interest grounds.

Ms McGuinness submitted that the matter of sanction is a matter for the panel. She submitted that the only available sanctions for consideration are a further conditions of practice order, a suspension order or a striking-off order.

Ms McGuinness referred to NMC Guidance REV-2a and submitted that the panel, must consider whether imposing a further conditions of practice order or suspending Mr Adams will maintain proper standards and public confidence in the profession.

Ms McGuinness referred the panel to NMC guidance REV-3h. She submitted that the panel should consider whether Mr Adams is likely to return to unrestricted and safe practice within a reasonable timeframe.

Ms McGuinness submitted that Mr Adams has been subject to a substantive order for a period of 21 months and it appears that he has disengaged from the fitness to practise process. She submitted that the substantive order has been imposed for less than three years.

Ms McGuinness submitted that if the panel is considering extending the conditions of practice order, it should consider whether the conditions of practice order is still workable and whether it serves a useful purpose, given Mr Adams' lack of engagement with the process.

Ms McGuinness submitted that the panel may find that Mr Adams has a lack of insight given that there is no evidence to demonstrate that this has been improved.

Ms McGuinness referred to NMC guidance SAN-3d in relation to determining the proportionate sanction in this case.

The panel accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Mr Adams' fitness to practise remains impaired.

The panel noted that the last reviewing panel found that Mr Adams had insufficient insight. At this hearing the panel noted that there is no new information to indicate that there has been any change in Mr Adams' level of insight.

In its consideration of whether Mr Adams has taken steps to strengthen his practice, the panel took into account that it did not have any evidence before it to indicate that Mr Adams has taken any steps to strengthen his practice.

The last reviewing panel determined that Mr Adams was liable to repeat matters of the kind found proved. Today's panel has not heard any new information to indicate that Mr Adams is not liable to repeat matters of the kind found proved. In light of this, this panel determined that Mr Adams is liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Mr Adams' fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mr Adams' fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the public protection issues identified, an order that does not restrict Mr Adams' practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that Mr Adams' misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a further conditions of practice order on Mr Adams' registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that Mr Adams fully engaged with the fitness to practice process at an earlier stage and found it appropriate to allow him a further opportunity to fully re engage with the process and comply with the conditions of practice order.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest. In this case, there are conditions that could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the current circumstances of Mr Adams' case. In reaching this conclusion, the panel took into account that Mr Adams fully engaged with the fitness to practise process at the substantive hearing stage and there is evidence that he responded to a telephone call from the NMC on 14 July 2026. The panel also noted that Mr Adams has not yet been subject to a conditions of practice order for three years and it decided that it would be fair to allow a further opportunity for him to meaningfully engage with the regulatory process.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 9 September 2026. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

> 'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.
>
> 1. You must confine your nursing practice to a single employer. It must not be an agency and you must not undertake bank work.
>
> 2. You must not undertake medicines administration including controlled drugs and/or record on MAR charts and in controlled drug books without supervision by another registered nurse until you have sent your case officer evidence that you have

been assessed undertaking medicine rounds for at least 8 patients/residents on three occasions.

At least one of these assessments must include controlled drug checking, counting, administering and recording. These assessments must be carried out on 3 different days by an assessor who must be a registered nurse who is in a senior position to yourself, such as:

- clinical lead
- clinical educator
- home or ward manager
- deputy home or ward manager

This condition will continue until you have sent your case officer evidence that you have successfully completed these 3 assessments, at which point it will be discharged.

3. You must keep a reflective practice profile. The profile will:

• Detail examples of occasions when you have been involved with medications management (ordering, receiving, storing, administering, recording, disposing or returning medications, including controlled drugs).

• Set out the circumstances of the situation, your role and that of others and your reflections on what went well and what could be improved. Note good practice when you see it and consider how you can improve your own practices. This will be a personal record for your use.

• Include a summary that will detail what you have learnt and how you plan to implement it in the future. The summary sheet only must be sent to your NMC case officer at least 7 days prior to the review hearing to demonstrate your learning and development.

4. You must work with line manager, mentor or supervisor (or their nominated deputy) to create a personal development plan (PDP).

Your PDP must address the concerns regarding time management and medicines administration.

5. You must send a copy of your PDP and a report from your line manager, mentor or supervisor (or their nominated deputy) setting out the standard of your performance and your progress towards achieving the aims set out in your PDP to the NMC at least 7 days before any NMC review hearing or meeting.

6. You must keep the NMC informed about anywhere you are working by:

a. Telling your case officer within seven days of accepting or leaving any employment.

b. Giving your case officer your employer's name, postal address, email address and telephone number.

7. You must keep the NMC informed about anywhere you are studying by:

a. Telling your case officer within seven days of accepting any course of study.

b. Giving your case officer the name, postal address, email address and telephone number of the organisation offering that course of study.

8. You must immediately give a copy of these conditions to:

a. Any organisation or person you work for.

b. Any employers you apply to for work (at the time of application).

c. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

9. You must tell your NMC case officer, within seven days of your becoming aware of:

a. Any investigation started against you.

b. Any disciplinary proceedings taken against you.

10. You must allow your NMC case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

a. Any current or future employer.

b. Any educational establishment.

c. Any other person(s) involved in your retraining and/or supervision required by these conditions'

The period of this order is for 12 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 9 September 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well Mr Adams has complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Evidence of compliance with the conditions

This will be confirmed to Mr Adams in writing.

That concludes this determination.